


1

Employee ID # [REDACTED]	Employee or Contractor Title Chemist II	Bargaining Unit 9	Appropriation [REDACTED]	Unit 2530	Object B02
Document Total:\$			Reconciliation Date:	Schedule Pay Date:	Budget FY FY 2013 2013

		Total Private Auto Mileage								
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							
09/26/12	Amherst to Springfield	117447	117474	27	\$ 12.15				2.25	\$ 14.40
09/26/12	Springfield to Amherst	117474	117501	27	\$ 12.15					\$ 12.15
									Total	\$ 26.55

Employee's Certification: I herby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Supervisor's Approval: 	Title: LAB SUPERVISOR II	Date: 9/20/12
Fiscal Verification: _____	Title: _____	Date: _____
Fiscal Approval: _____	Title: _____	Date: _____
Entered Into HR/CMS By: _____	Title: _____	Date: _____